GOVERNOR

REPORT OF SETTLEMENT OR ARBITRATION AWARD

Pursuant to Business and Professions Code Section 5678 & 5678.1

TYPE OR PRINT CLEARLY IN INK

First Name or Insured (if applicable):
Address:
Telephone:
Landscape Architect in Responsible Control of Project
or Contact Person for Policy (if applicable):
Insurer (if applicable):
Policy Number (if applicable):
Claim Number (if applicable):
Date of Settlement or Arbitration Award:
Amount Paid by Insurer:
Amount of Settlement or Award:
Claimant or Plaintiff:
Claimant or Plaintiff's Address:
Submitted By:
Address:
Telephone:

THE CALIFORNIA ARCHITECTS BOARD AND LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION.